IMPACT OF CHOLESTASIS IN PATIENTS WITH CHRONIC LIVER DISEASE AND SARS-COV-2 INFECTION

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A retrospective cohort study of 428 patients found that SARS-CoV-2 infection was associated with cholestasis in 39.6% of patients with advanced chronic liver disease, with significantly higher mortality and decompensation rates compared to those without cholestasis.

KEY POINTS

- Among 357 patients with chronic liver disease followed at a tertiary center between March 2020 and September 2022, cholestasis after SARS-CoV-2 infection occurred in 39.6% of patients with advanced disease versus 5.6% with non-advanced disease, and in no patients without chronic liver disease.
- Patients who developed cholestasis had significantly higher mortality than those without cholestasis (23.0% versus 0.6%), with liver-related deaths accounting for 21.6% in the cholestasis group versus none in the non-cholestasis group.
- Decompensation events were markedly more common in patients with cholestasis, including ascites (32.4% versus 0.3%), hepatic encephalopathy (32.4% versus 0.3%), and variceal bleeding (17.6% versus 0%).
- Multivariate analysis identified advanced chronic liver disease and decompensated disease as independent risk factors for developing cholestasis after SARS-CoV-2 infection.
- The study population included mainly alcohol-associated liver disease (30.8%) and metabolic-associated fatty liver disease (24.6%) etiologies; patients with cholestasis were older and more often male.

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